



Monitoring and Evaluation Following Health Protocol

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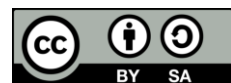
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ABSTRACT

The problem of the prevalence of Covid-19 in the world and in Indonesia is increasing, the health protocol is to prevent the spread of Corona virus infection to the wider community. The purpose of this study is to monitor and evaluate the Covid-19 health protocol in the city of Medan. This study is a quantitative study with a cross-sectional design. This research was conducted in the city of Medan, the time of this research in June 2021-July 2021. The population in this study were all facilities in the city of Medan. The sample in this study were 59 locations in the city of Medan. The sampling technique in this study is by using direct observation techniques. The data analysis in this research is univariate analysis using descriptive analysis. The results of this study are that there are 45 COVID-19 prevention posters, 46 facilities temperature checks, 49 facilities keeping a 1 meter distance, 48 facilities wearing masks, 38 hand washing facilities, and 49 no disinfectants. facility. Visitors do not want to check temperatures as many as 30 people, some respondents who use masks in public facilities as many as 29 people, visitors do not want to wash their hands when entering public facilities as many as 26 people, all respondents want to use hand sanitizer in public facilities as many as 29 people, respondents only some of them want to do social distancing as many as 32 people, all respondents avoid shaking hands as many as 33 people, and none of the respondents want to bring their own equipment (worship equipment) as many as 28 people. It is hoped that health cadres will provide counseling about good and correct 3M protocols so that they are expected to be able to prevent the transmission of Covid-19.

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1. INTRODUCTION

In 2020, the country of Indonesia experienced a pandemic due to a disease called Coronavirus Disease 19 (COVID-19). COVID-19 is a disease that attacks the respiratory system and is contagious. This disease is caused by a virus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Certainty that Indonesia has been infected with the corona virus began on March 2, 2020, where a positive case of COVID-19 was found in Depok, West Java (Susilo, 2020).

Since December 2019, a newly found coronavirus (2019-nCov) has been responsible for a pneumonia outbreak in Wuhan and across China. As with SARS-CoV, 2019-nCov accesses host cells via the human cell receptor ACE2, but with a higher binding affinity (Wrapp, 2019; Guan, 2019). The rapidly increasing case count and indications of human-to-human transmission indicated that the virus was more contagious than SARS-CoV and MERS-CoV (de Wit, 2017). By mid-February 2020, a significant number of infections among medical personnel had been reported, and the particular reasons for the lack of protection must be studied further. While some facilities, such as stomatology, were closed during the pandemic, a considerable number of emergency patients continue to seek care at dental clinics and hospitals (Zhu N, 2019). We described the various transmission routes of 2019-nCov in stomatology, including airborne transmission, contact transmission, and contaminated surface transmission (Peng, 2019). Additionally, we reviewed several detailed practical strategies for preventing virus transmission to serve as a reference for preventing 2019-nCov transmission during dental diagnosis and treatment, including patient evaluation, hand hygiene, personal protective measures for dental professionals, mouthrinse prior to dental procedures, rubber dam isolation, anti-retraction handpiece, clinic disinfection, and medical waste management.

The first COVID-19 prevalence was reported in Indonesia on March 2, 2020, with 2 cases. Data on July 18, 2020 from the Ministry of Health of the Republic of Indonesia in 2020, there is an accumulated development of COVID-19 cases in 34 provinces in Indonesia of 84,882 positive cases, 43,268 recoveries, and 4,016 deaths. (Kemenkes RI, 2020b). The Indonesian government has now declared a national disaster emergency status related to the Covid-19 virus pandemic. To overcome the spread of the virus, the government has made a policy to comply with health protocols that call for washing hands as often as possible with 6 steps of soap, not making direct contact with other people, avoiding mass gatherings and wearing masks when leaving the house, work, study and worship activities. also carried out in their respective homes (Tuwu, 2020; Siregar, 2020).

Social distancing limits direct contact between people and also minimizes the possibility of virus-carrying droplets from human respiration being transmitted between people – two key routes of respiratory infection. There are a few research in the literature that investigate droplet transmission trajectories via human respiratory actions such as talking, eating, coughing, and sneezing. According to certain research, the quantity of pathogens linked with respiratory infectious disorders was related to droplet size, with large droplets serving as the primary carriers of microorganisms generated by the diseased person (Liu, 2017).

There have been many types of appeals to comply with health protocols such as diligently washing hands with soap, using masks when leaving the house and implementing physical distancing delivered through advertisements, television shows, posters, billboards and social media which are currently very easily accessed by teenagers. However, in reality, many teenagers have not implemented the habit of complying with health protocols in their daily lives, there are still many teenagers who are in a state of the Covid-19 virus pandemic like today whose school and learning activities are carried out online (on the network) or from their respective homes actually take advantage of this for recreation, vacation, shopping at the mall, watching movies and traveling out of town without implementing health protocols (Kurniawati, 2021).

Adhering to health protocols is one form of effort to deal with the Covid-19 virus outbreak, which is carried out with effective steps (Lisni et al., 2021). There are still many Indonesians who do not comply with the government's appeal to tackle the coronavirus pandemic, caused by a concept in psychology called cognitive bias. (Buana, 2020). Coping with COVID-19 requires cooperation and synergy between the central government and local governments, good management and coordination, and stricter law enforcement. The majority of people view COVID-19 as a big problem for them, which will still go on for a long time. Most also understand the era of adapting to new habits as an effort to change behavior in activities in the era of the COVID-19 pandemic, one of which is through the implementation of health protocols and maintaining body resistance (Sofianto, 2021).

According to Ma (2020), masks can block 99.98 per cent of viral aerosols when used with N95 masks and 97.14 per cent when used with medical masks. Who encourages wearing masks when in the company of others. Proper mask use, storage, and cleaning or disposal are critical to maximizing their effectiveness. Chanjuan Sun (2020) emphasizes the importance of keeping social distance or distancing to contain the Covid-19 pandemic. Numerous studies on effective spars have been conducted, and it is well established that a social distance of 1.6-3.0 m is a safe social distance for preventing the transmission of viral aerosols inhaled by a person while speaking. Additionally, increasing social distance can reduce infection rates by 20%-40% during the first 30 minutes. The results of the Sari (2021) study indicated that by extending/providing materials, participants' insight and knowledge about the 3M protocol were increased by 44.1 per cent, indicating that it is expected to be able to prevent the transmission of Covid-19, particularly in the Yannas Husada Health Vocational School environment.

Therefore, it is necessary to carry out socialization through outreach to the public regarding health protocols to prevent and control the transmission of COVID-19. The purpose of this study is to monitor and evaluate the Covid-19 health protocol in the city of Medan.

2. RESEARCH METHODE

This study is a quantitative study with a cross-sectional design. This research was conducted in the city of Medan, when this research took place in June 2021-July 2021. The population in this study were all facilities in the city of Medan. The sample in this study were

59 locations in the city of Medan which consisted of 6 locations of health facilities, (hospitals, clinics, health centers), 9 locations of educational facilities (campus, schools), 1 location of children's playgrounds (playgrounds, kindergartens, PAUD), 7 locations for religious places (churches, mosques, temples, temples), 33 locations for public places (hotels, restaurants, terminals, malls), and 3 locations for work places. The sampling technique in this study is to use direct observation techniques, to carry out intensive observations of various factors so that they can provide an overview of the problem in accordance with the facts. After the researcher observed, the researcher filled out the questionnaire that had been prepared. Data analysis in the study was univariate analysis using descriptive analysis, with the help of a computerized tool in the form of SPSS version 22.

3. RESULT AND ANALYSIS

Table 1. Frequency Covid-19 Health Protocol

Variabel	F
There is a Covid-19 prevention poster	
No	14
Yes	45
There is a temperature check	
No	13
Yes	46
Social Distancing	
No	10
Yes	49
Wearing a Mask	
No	11
Yes	48
There is a hand washing place	
No	21
Yes	38
There is hand washing soap	
No	21
Yes	38
There is a hand sanitizer	
No	10
Yes	49
There is a disinfectant	
No	35
Yes	24
Total	59

Based on table 1. It is known that the majority in the facilities there are 45 COVID-19 prevention posters, the majority have 46 facilities temperature checks, the majority maintain a distance of 1 meter as many as 49 facilities, the majority wear masks as many as 48 facilities, the majority have 38 hand washing stations. facilities, and the majority there are no disinfectants as many as 49 facilities.

Table 2. Frequency of Covid-19 Health Protocols for Visitors

Variabel	F
Temperature checking on visitors	
Whole	25
Part	4
There is not any	30
Using a mask in public facilities	
Whole	3
Part	29
There is not any	27
Wash your hands when entering public facilities	
Whole	8
Part	25
There is not any	26
Using Hand Sanitizer in Public Facilities	
Whole	29
Part	28
There is not any	12
Practice social distancing (keep a distance of 1 meter)	
Whole	27
Part	32
There is not any	5
Avoiding the Crowd	
Whole	16
Part	36
There is not any	7
Avoid shaking hands	
Whole	33
Part	21
There is not any	5
Bring your own equipment (worship equipment)	
Whole	16
Part	15
There is not any	28
Total	59

Based on Table 2. It is known that the majority of visitors do not want to have their temperature checked as many as 30 people, the majority only some respondents who use masks in public facilities as many as 29 people, the majority of visitors do not want to wash their hands when entering public facilities as many as 26 people, the majority of all respondents 29 people want to use hand sanitizer in public facilities, the majority of respondents only partially want to do social distancing or maintain a distance when in public facilities as many as 32 people, the majority of all respondents avoid shaking hands as many as 33 people, and the majority of respondents do not want to bring own equipment (worship equipment as many as 28 people.

4. DISCUSS

The world is currently facing a serious COVID-19 epidemic, which demands situational awareness in order to implement preventative health care procedures. We feel

that the factors examined have theoretical and logical justification for their possible significance in relation to COVID-19. Our findings indicate that different types of information (formal and informal) have an effect on situational awareness. The findings indicate that while formal information sources are related with increased compliance with preventative measures, informal information sources may be ineffective until preventive behaviors become widely accepted by the community. Finally, social distancing measures can be strengthened by enhancing public awareness of COVID-19 via credible information sources (Qazi, 2020).

From the results of observations, many observations were made in public places (malls, hotels, restaurants, terminals). Observations were made in public places, many respondents obeyed health protocols, ranging from wearing masks to keeping their distance and avoiding crowds, only a few respondents did not comply with health protocols. And in public places where observations are carried out, on average there are posters for the prevention of COVID-19. There is also a place for washing hands, soap, hand sanitizer and an appeal to wear a mask is also carried out.

Handwashing and mask use are critical for controlling the transmission of SARS-CoV-2. However, it is frequently impossible to wash hands in a timely manner, and many nations are experiencing a lack of contemporary medical masks, commonly referred to as surgical masks. In some places, residents have been encouraged to construct their own masks to protect against SARS-CoV-2, however it is unknown if these handmade masks are successful at blocking the infection. Furthermore, many people have been perplexed by some politicians and experts' assertions that medical masks are ineffective at protecting individuals against SARS-CoV-2 infection (Choi, 2020 ; Bourouiba, 2020).

Additionally, we reviewed several detailed practical strategies for preventing virus transmission to serve as a reference for preventing 2019-nCov transmission during dental diagnosis and treatment, including patient evaluation, hand hygiene, personal protective measures for dental professionals, mouthrinse prior to dental procedures, rubber dam isolation, anti-retraction handpiece, clinic disinfection, and medical waste management (Peng, 2019; Zu et al., 2020).

Social distancing limits direct contact between people and also minimizes the possibility of virus-carrying droplets from human respiration being transmitted between people – two key routes of respiratory infection. There are a few research in the literature that investigate droplet transmission trajectories via human respiratory actions such as talking, eating, coughing, and sneezing. According to certain research, the quantity of pathogens linked with respiratory infectious disorders was related to droplet size, with large droplets serving as the primary carriers of microorganisms generated by the diseased person (Qazi, 2020).

Better socialization and education regarding COVID-19 is needed so that awareness arises to apply health protocols, along with enforcement of health protocol rules. Education is very necessary, especially among teenagers and the elderly, people with lower secondary education levels. Groups of workers in the trade, labor, agriculture and service sectors, as well as those who are not/not yet employed also need to receive better education. In all public places, facilities and infrastructure for implementing health protocols must also be provided (Sofianto, 2021).

The majority of visitors do not want to have their temperature checked as many as 30 people, the majority only some respondents who use masks in public facilities as many as 29 people, the majority of visitors do not want to wash their hands when entering public facilities as many as 26 people, the majority of all respondents 29 people want to use hand

sanitizer in public facilities, the majority of respondents only partially want to do social distancing or maintain a distance when in public facilities as many as 32 people, the majority of all respondents avoid shaking hands as many as 33 people, and the majority of respondents do not want to bring own equipment (worship equipment as many as 28 people.

The importance of the role of community leaders where they not only invite and appeal, but provide examples of actions such as clean and healthy living behavior, and spearheading assistance to residents affected by the pandemic. Community leaders need to have adequate knowledge about COVID-19 so that they are able to invite the public (Rosidin et al., 2020). The health protocol applies to anyone involved or in public places and facilities. In principle, health protocols in public places and facilities must contain individual health protection such as wearing masks, washing hands with soap, maintaining physical distance from other people, and increasing body resistance with clean and healthy living behavior (PHBS) (Kemenkes RI, 2020).

The substance of the health protocol in the community must pay attention to critical points in the transmission of COVID-19 which include the type and characteristics of the activity/activity, the size of the activity, the location of the activity (outdoor/indoor), the duration of the activity, the number of people involved, vulnerable groups such as pregnant women, toddlers, children, the elderly, and people with comorbidities, or persons with disabilities involved and so on. the implementation of health protocols must involve the role of the relevant parties, including the officers who will carry out control and supervision.

Mask use is critical during the Covid-19 pandemic to protect yourself and others from the risk of transmission. Given that the majority of Covid-19 transmission occurs via droplets, it is deemed necessary to protect oneself. Masks can act as a barrier to both internal and external droplets (Hasma et al., 2021). Government policies are inextricably linked to the country's public or government challenges. "Policy is a collection of acts with a specified objective that are followed and implemented by an actor or set of actors in order to address specific problems." According to the definition above, policy is an action done by an individual or a group of individuals with the intent of resolving problems. According to Syamson (2021), there is a substantial difference in the frequency of concern regarding COVID-19 pre- and post-intervention.

It is known that the majority in the facilities there are 45 COVID-19 prevention posters, the majority have 46 facilities temperature checks, the majority maintain a distance of 1 meter as many as 49 facilities, the majority wear masks as many as 48 facilities, the majority have 38 hand washing stations. facilities, and the majority there are no disinfectants as many as 49 facilities

Observations made in health facilities. On average, the places where the observation was carried out were posters for the prevention of COVID-19. There is also a temperature check, an appeal to keep your distance, an appeal to wear a mask. And there is also a place for washing hands, soap and hand sanitizer. Visitors who are at the observation site also want to take temperature measurements. And all visitors wear masks. The average respondent complied with the health protocol.

Observations made in religious places. The results of observations made in religious places are only some of the respondents who comply with health protocols. Only some places where observations were made, there were no prevention posters and there were no places to wash hands and also hand sanitizer. In some places where observations were made, disinfectants were found for places to be reused. And respondents who were at the observation place were advised to keep their distance.

A house of worship is a place/building used by religious people to worship according to their respective religious teachings or beliefs. Activities at places of worship can involve a

number of people who gather in one location so that there is a potential risk of COVID-19 transmission. For this reason, in order to continue to worship during the COVID-19 pandemic, prevention and control efforts need to be carried out by implementing health protocols to minimize the risk of transmission.

Four Intervention Strategies to build awareness from within in the context of changing behavior during the COVID-19 pandemic, which include Advice, Encouragement, Incentives and Punishment. The encouragement strategy is to remind repeatedly, encourage the availability of facilities so that it is easy for the community to carry out the 3M health protocol, and develop regional innovation and creativity to make the program a success (BNPB, 2020).

This health protocol serves to prevent the spread of Corona virus infection to the wider community (Saputro et al., 2020). The application of the use of masks, washing hands, social distancing and physical distancing and self-isolation have not been fully implemented properly. The local government to pay more attention to the implementation of health protocol policies to prevent the spread of Covid-19 and make permanent rules to take action against people who do not comply with or implement health protocols (Hasma et al., 2021). Extension activities / providing materials are able to increase participants' insight and knowledge about the good and correct 3M protocol so that it is expected to be able to prevent the transmission of Covid-19 (Sari, 2021; Choi, 2020).

While handwashing with water alone is more prevalent, it has been shown to be less effective in maintaining health than handwashing with soap (Syahlidin, 2021). While using soap in handwashing requires more time, soap is beneficial because the fat and grime that adhere to the hands will be released as the hands are rubbed and rubbed to remove them. Germs thrive in the fat and filth that adhere to this condition (Amar, 2021).

According to Tuzun,(2015) and Seimetz (2016), the difference in frequency between attitudes toward infectious disease prevention and specific handwashing behaviors, such as handwashing before meals, also indicates a distinction between attitudes toward health behaviors and their practice in the hand hygiene specialty. On the other hand, widespread knowledge of the critical role of handwashing in preventing infectious diseases provides an advantageous foundation for handwashing promotion operations. The role of schools in increasing motivation for all students and staff to change their behavior should be considered for future handwashing programs. The importance of school institutions participating in the Handwashing with Soap program through school-based health promotion should be considered for future handwashing programs.

Observations were made in educational facilities, almost all of the respondents complied with the health protocol. And there is also a COVID-19 prevention poster. And there is also an appeal to wear a mask and keep a distance. Also all respondents want to take temperature measurements. The results of the observation there are still respondents who do not use masks. The government has called for the implementation of the mandatory wearing of masks both during learning activities and while in the school environment. Those who do not comply with the protocol are not allowed to enter, including the principal, teachers, students, and guests. In addition, everyone who enters the school environment must be checked with a body temperature measuring device or thermogun. After being judged to be free of Covid-19, everyone must wash their hands or use the hand sanitizer that has been provided.

Knowledge plays an important role in determining complete behavior because knowledge will form trust which then in perceiving reality, providing a basis for decision making and determining behavior towards certain objects, there is a relationship between

public knowledge and compliance with using masks as an effort to prevent Covid-19 disease (Devi & 'Atiqoh, 2020). Good and bad knowledge possessed by a person influences an individual's action in terms of disease prevention (Priyanto, 2018).

5. CONCLUSION

Based on the research results obtained, it can be concluded that there are 45 COVID-19 prevention posters, 46 facilities temperature checks, 49 facilities maintaining a 1 meter distance, 48 facilities wearing masks, 38 hand washing facilities, and there are no disinfectants as many as 49 facilities. Visitors do not want to check temperatures as many as 30 people, some respondents who use masks in public facilities as many as 29 people, visitors do not want to wash their hands when entering public facilities as many as 26 people, all respondents want to use hand sanitizer in public facilities as many as 29 people, respondents only some of them want to do social distancing or keep their distance when in public facilities as many as 32 people, all respondents avoid shaking hands as many as 33 people, and none of the respondents want to bring their own equipment (worship tools as many as 28 people. It is expected that policy makers to further tighten regulations related to the Covid-19 health protocol in every public facility such as where public facilities must provide a place for disinfecting, checking temperature, using masks, social distancing (keeping a distance of 1 meter) and bringing worship equipment to every community who goes in and out of public facilities in public facilities. break the chain of spread of Covid-19.

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